Please type a plus sign (+) inside this

1731

PTO/SB/121 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Address to:

## CORRESPONDENCE ADDRESS INDICATION FORM

Assistant Commissioner for Patents Box CN Washington, DC 20231 APR 1 1 2003

| Direct all correspondence to:  |   |                    |                  |                               |   |
|--|---|--------------------|------------------|-------------------------------|---|
|  | Customer Number:  | 23117              | Num              | Customer<br>ber Bar<br>Here → |   |
| OR   | Type Customer Number here   |                    |                  |                               |   |
| Request for Customer Number (PTO/SB/125) submitted herewith.   |   |                    |                  |                               |   |
| in the following listed application(s) or patent(s):   |   |                    |                  |                               |   |
| Patent Number  |   |                    | Patent Date      |                               | U.S. Filing   |
| (if appror   | oriate) Application   | n Number<br>31,237 | (if appropriate) |                               | Date<br>October 18, 2001  |
|  |   |                    |                  |                               | P.C.O. (1720) APR 1 4 7003  |
|  |   |                    |                  | (check on                     | e)  |
| Typed or<br>Printed Name   | Arthu   | ur R. Crawford     |                  | ☐ <i>f</i>                    | Applicant or Patentee   |
| Signature  | ure Will Cipt   |                    |                  | i ا                           | Assignee of record of the entire nterest. Statement under 37 C.F.R. § |
| Date   | April 11, 2003  |                    |                  |                               | 3.73(b) is enclosed. (Form<br>PTO/SB/96)                              |
| Address of signer:   | 1100 North Glebe Road, 8 <sup>th</sup> Floor<br>Arlington, VA 22202 |                    |                  |                               | Attorney or Agent of record  25,327 (Reg. No.)                        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more |   |                    |                  |                               |   |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

forms are submitted.

★Total of